

CalREDIE Reporting Instructions and CDPH Case Definition for VAPI/EVALI

Instructions for Vaping-Associated Pulmonary Injury (VAPI) case reporting in CalREDIE

CDPH is now accepting reports of cases of vaping-associated pulmonary injury (VAPI) via CalREDIE. This has replaced the prior process of case reporting via the CDPH Duty Officer. VAPI is also known as e-cigarette, or vaping, product use-associated lung injury (EVALI).

If a case of VAPI is reported to your jurisdiction, please enter the patient information into CalREDIE and choose “Vaping-Associated Pulmonary Injury (VAPI)” as the disease being reported. Please complete the Intake Form tab, focusing particularly on the fields labeled in red as “REQUIRED,” as these are needed by the CDPH team to make a case status determination. Please also complete the remainder of the fields to the best of your ability, based on the information you have available at time of report. We also ask that you upload any available medical records to the Electronic Filing Cabinet.

Once you have completed the Intake Form, please update the Process Status to “Assigned to State.” CDPH will then review the case and either assign a Resolution Status (Confirmed, Probable, or Not a Case) and a Case ID, or ask for any additional information needed in order to do so. Once a Resolution Status is assigned, you can proceed with the patient interview using the same patient questionnaire tool previously released by CDPH. Note: the Case ID is a VAPI-specific identifier entered by state users on the Intake Form and is distinct from the autogenerated CalREDIE Incident ID. This field will be completed by CDPH users for any confirmed or probable cases.

In order to receive notifications that a case has been reviewed by CDPH and returned to you for review, you will need to subscribe to the ARNOLD Alert for VAPI. From the ARNOLD menu, select “Event Subscriptions”, then check “Show all events”. Find the row in the grid for “Vaping Associated Pulmonary Injury (VAPI) – INCIDENT” and check its corresponding “STATUS CHANGE” box, then click “Save”. Uncheck “Show all events”, then click the blue button to the right of “STATUS CHANGE” for VAPI. Check only the boxes for “Returned to LHD – More Info Needed” and “Returned to LHD – State Review Completed”, then click OK. Click “Save” on to complete your subscription. If you need assistance getting started with ARNOLD, please contact the CalREDIE Help Desk.

Please note that CDPH continues to use the same VAPI case definition released by CAHAN in late August, available at the end of this document. The case definition continues to require inpatient hospitalization; if a patient was only treated as an outpatient or in the emergency department, they do not need to be reported to CDPH.

Please also note that any cases previously reported to CDPH do not need to be entered into CalREDIE at this time; CalREDIE reporting is only requested for new cases moving forward.

Please contact the CalREDIE Help Desk with any questions.

CDPH Case Definition

E-cigarette, or vaping, product use-associated lung injury (EVALI); *also known as vaping-associated pulmonary injury (VAPI)*

Confirmed Respiratory illness requiring hospitalization.
AND
Using an e-cigarette (“vaping”) or dabbing* in 90 days prior to symptom onset.
AND
Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT.
AND
Absence of pulmonary infection on initial work-up: Minimum criteria include negative respiratory viral panel AND influenza PCR or rapid test, if local epidemiology supports testing AND all other clinically indicated respiratory infectious disease testing (e.g., urine antigen for *Streptococcus pneumoniae* and *Legionella*, sputum culture if productive cough, bronchoalveolar lavage culture if done, blood culture, HIV-related opportunistic respiratory infections if appropriate) must be negative.
AND
No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Probable Respiratory illness requiring hospitalization.
AND
Using an e-cigarette (“vaping”) or dabbing* in 90 days prior to symptom onset.
AND
Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT.
AND
Infection identified via culture or PCR, but clinical team** believes this is not the sole cause of the underlying respiratory disease process –**OR--** No evidence of pulmonary infection, but minimum criteria to rule out pulmonary infection not met (testing not performed).
AND
No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Footnotes * Includes using an electronic device (e.g., electronic nicotine delivery system (ENDS), electronic cigarette, e-cigarette, vaporizer, vape(s), vape pen, dab pen, or other) or dabbing to inhale substances (e.g., nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances).

** Clinical team caring for the patient.